Revocation of Alternate Means of Confidential Communications

Use this form to revoke a confidential communications request previously given.

FirstChoice VIP CARE PLUS by Select Health of South Carolina

Section A: Individual revoking confidential communications
Please complete the following

Name:		Phone:
Address:		City:
State:	ZIP code:	Member ID:

Section B: Revocation
I revoke my request that First Choice VIP Care Plus (Medicare-Medicaid Plan) communicate with me about my protected health information (PHI) by alternate means, to send such communications to an alternate address that I may have provided, and/or to contact me at an alternate phone number.

I understand that this revocation will not affect actions taken in accordance with my original confidential communications request prior to receipt of this written revocation. I also understand that when my confidential communications indicator is removed, First Choice VIP Care Plus will mail communications containing my protected health information, such as an Explanation of Benefits, to the subscriber (the person whose name appears on my ID card). First Choice VIP Care Plus will send communications to my address as listed in my membership records. First Choice VIP Care Plus will also rely upon telephone information in my membership records when I am contacted by telephone.

Section C: Signature
I have read the above statement and attest that I no longer require communications about my PHI to be sent by alternate means or to the alternate address indicated in my previous request.

Signature:	Date:

Section D: Personal representative
If you are not the member, please sign and date this form below. Check the box that describes your relationship to the patient. If you are not the parent or legal guardian, please attach proof of your relationship to the member (e.g., power of attorney, personal representative documentation, etc.).

Print name of personal representative:	
Signature of personal representative:	Date:

☐ Parent or legal guardian ☐ Power of attorney ☐ Executor ☐ Other:_____

Please return this form to: First Choice VIP Care Plus
Medicare Compliance
3875 West Chester Pike
Newtown Square, PA 19073